

EXHIBIT K



HANOVER

Lawyers Advantage

Small Firm (1-10 Attorneys) Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY AND APPLICATION INSTRUCTIONS CAREFULLY.

I. APPLICATION INSTRUCTIONS

- Use this Application for firms with 1-10 Attorneys.
- Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all predecessor firms, unless otherwise stated.
- Include all requested underwriting information indicated in Section X. below.
- Enclose copies of all letterhead on which the **Named Insured** is listed.
- All questions must be answered. If additional space is needed, continue on a separate sheet and indicate the question number.
- This Application and any Supplemental Applications must be signed and dated by a principal of the **Named Insured**.

II. GENERAL INFORMATION

- ☒ New Hanover Applicant (New Business): ☐ or Existing Hanover Insured (Renewal): Hanover Policy No.: _____
 Date Business Commenced: 4/1/2016 Effective Date: _____
- Name of Applicant: Lawrence West, Esq.
 Please explain if name differs from the Named Insured letterhead. Include d/b/a if applicable.
- Type of Entity: ☒ Individual ☐ Partnership ☐ PC ☐ PLLC ☐ PLLP ☐ Other _____
- Address of Applicant: 1815 19th St NW Washington DC 20009
 City: Washington County: _____ State: DC Zip Code: 20009 Telephone: (301) 887-7306
 Firm Email Address: law.west@gmail.com Website Address: www.secwhistle.com
- Does the applicant have other office locations or a different billing address? ☒ Yes ☐ No
 If "Yes", please attach a listing of each location. 7721 Tomlinson Ave. Cabin John, MD 20818
- Total Gross Billings or Revenue for:
 Most Recent Fiscal Year: 0
 Previous Fiscal Year: 0
- Does the applicant have ownership in a Title Agency that is a separate legal entity from the Named Insured / law firm? ☐ Yes ☒ No
 If "Yes", is coverage requested for such Title Agency under this policy? ☐ Yes ☒ No
 If "Yes", please complete a Title Agency Supplemental Application

IMPORTANT: It is understood and agreed that coverage is not provided for such Title Agency unless the information requested above is provided.



HANOVER
Lawyers Advantage
Small Firm (1-10 Attorneys) Application

8. Estimate the percentage of hours per year the firm works in each area of practice (**NOTE:** Must total 100%).

If denoted with an asterisk (), please provide a Supplemental Application.*

RENEWAL- NO CHANGE ☐

<input type="radio"/> Administrative General	<input type="radio"/> Intellectual Property – Copyright/Trademark*
<input type="radio"/> Admiralty / Marine – Defense	<input type="radio"/> Intellectual Property – Patent*
<input type="radio"/> Admiralty / Marine – Plaintiff	<input type="radio"/> International/Foreign Law #
<input type="radio"/> Agent Practice and Entertainment Law*	<input type="radio"/> Juvenile rights, guardian ad litem
<input type="radio"/> Appellate	<input type="radio"/> Marijuana-Medical and/or Non-Medical
<input type="radio"/> Business Formation	<input type="radio"/> Mediation, Arbitration (other than Securities/FINRA)
<input type="radio"/> Business Transactions where the value of the transaction is greater than \$500,000 #	<input type="radio"/> Medicare
<input type="radio"/> Business Transactions where the value of the transaction is less than or equal to \$500,000 #	<input type="radio"/> Mergers & Acquisitions #
<input type="radio"/> Civil Litigation – General #	<input type="radio"/> Municipal – Finance or Bonds*
<input type="radio"/> Commercial & Corporate Litigation – Defense	<input type="radio"/> Municipal – General (not finance)
<input type="radio"/> Commercial & Corporate Litigation – Plaintiff	<input type="radio"/> Oil & Gas, Mineral Rights*
<input type="radio"/> Construction Law	<input type="radio"/> Other # _____
<input type="radio"/> Corporate Finance #	<input type="radio"/> Plaintiff Litigation-Class Actions*
<input type="radio"/> Creditor Rights / Collections*	<input type="radio"/> Plaintiff Litigation-Mass Tort*
<input type="radio"/> Creditor Rights / General (Bankruptcy)*	<input type="radio"/> Plaintiff Litigation-Social Security
<input type="radio"/> Criminal Defense	<input type="radio"/> Plaintiff Personal Injury where the value of the case is more than \$250,000*
<input type="radio"/> Defense Litigation & Insurance Carrier Representation*	<input type="radio"/> Plaintiff Personal Injury where the value of the case is less than or equal to \$250,000*
<input type="radio"/> Elder Law	<input type="radio"/> Public Utilities (not finance)
<input type="radio"/> Employee Benefit Plans, ERISA	<input type="radio"/> Real Estate Finance #
<input type="radio"/> Employment Law – Employee Representation	<input type="radio"/> Real Estate – Res. & Basic Commercial where the value of the transaction is greater than \$1,000,000*
<input type="radio"/> Employment Law – Management Representation	<input type="radio"/> Real Estate – Res. & Basic Commercial where the value of the transaction is less than or equal to \$1,000,000*
<input type="radio"/> Employment Law – Union Representation #	<input type="radio"/> Schools & Education (not finance)
<input type="radio"/> Environmental Regulatory*	<input type="radio"/> Securities – Private Placement *
<input type="radio"/> Estate and Probate – General	<input type="radio"/> Securities – Public Registration *
<input type="radio"/> Estates/Trusts where the value of the estate is greater than \$1,000,000*	<input type="radio"/> Tax Preparation-Individual
<input type="radio"/> Estates/Trusts where the value of the estate is less than or equal to \$1,000,000	<input type="radio"/> Taxation (excluding estate tax & individual preparation)
<input type="radio"/> Family Law where the value of the marital estate is greater than \$1,000,000	<input type="radio"/> Tribal Law #
<input type="radio"/> Family Law where the value of the marital estate is less than or equal to \$1,000,000	<input type="radio"/> Water Rights #
<input type="radio"/> Financial Institutions (Banking, Insurance, Asset Management)*	<input type="radio"/> Workers Compensation (Defense)
<input type="radio"/> Healthcare #	<input type="radio"/> Workers Compensation (Plaintiff)
<input type="radio"/> Immigration	<input type="radio"/> 100% WHISTLEBLOWER CONSULTATION 100%

If denoted with a hash tag (#), please provide details of areas of practice on the next page:



HANOVER
Lawyers Advantage
 Small Firm (1-10 Attorneys) Application

IV. REQUESTED COVERAGE

Indicate below which limits and deductibles are being requested. Limits of Liability are Per Claim / Aggregate. Check more than one if requesting multiple options.

Professional Services Limits Of Liability (Each Claim / Aggregate) or **RENEWAL PER EXPIRING POLICY** ☐

- | | | |
|--|---|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$750,000 | <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> Other \$ / \$ |
| <input type="checkbox"/> \$300,000 / \$600,000 | <input checked="" type="checkbox"/> \$1,000,000 / \$1,000,000 | |

Professional Services Deductible (Each Claim) or **RENEWAL PER EXPIRING POLICY** ☐

- | | | | | | |
|----------------------------------|------------|---|------------|-----------------------------------|--------------------|
| <input type="checkbox"/> \$1,000 | Each Claim | <input checked="" type="checkbox"/> \$5,000 | Each Claim | <input type="checkbox"/> \$15,000 | Each Claim |
| <input type="checkbox"/> \$2,500 | Each Claim | <input type="checkbox"/> \$10,000 | Each Claim | <input type="checkbox"/> \$ | Each Claim (Other) |

V. CURRENT INSURANCE INFORMATION

Please provide the following information regarding the Applicant's most recent insurance.

HANOVER RENEWAL ☐
 (proceed to next Section)

- Is your firm currently insured for professional liability? ☐ Yes ☐ No
- Insurance History (beginning with most recent coverage)

	Carrier	Policy Period	Limits	Deductible	Premium	# of Attorneys	Retroactive Date(s)
Current Year							
Prior Year 1	Greenwich	8/4/17-8/4/18	1 mil!	5,000	2,690	1	
Prior Year 2							
Prior Year 3							

- If the Applicant or any member of the Applicant firm has elected an ERP, been non-renewed, cancelled or declined, please provide details _____?

(Question Not Applicable In Missouri)

VI. RISK MANAGEMENT

- Do you share letterhead with any other lawyer or firm; or does your name appear on the letterhead of any other lawyer or firm?

☐ Yes ☒ No

If "Yes", please provide the letterhead(s).

- How many suits for collection of delinquent fees have been filed by the firm in the past two years?

0

If the answer to Question 2 is "0", please select NA for Questions 2.a. and 2.b.

If more than two (2), please provide amounts and corrective action taken: _____



HANOVER
Lawyers Advantage
 Small Firm (1-10 Attorneys) Application

III. ATTORNEYS AND PREDECESSOR FIRMS

1. Number of lawyers of the Applicant to be covered under this policy: 1 Number of non-lawyers: 0

2. Roster of lawyers (Use a separate sheet if needed)

RENEWAL- NO CHANGE ☐

Lawyer Name	Status*	Date of Hire	Retro Date if other than Date of Hire	Date of Birth	Hours Worked per Week	State(s) of Licensure & Bar / Registration Number	Date(s) Admitted	CLE (hrs)
1. LAWRENCE WEST	O	4/1/2016		4/7/51	20	MD/9112190267	6/7/1993	N/A
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

* O – Owner

E – Employee

OC – Of Counsel

IC – Independent contractor

3. Is coverage requested for a Predecessor Firm(s)? ☐ Yes ☒ No **RENEWAL- NO CHANGE** ☐

Predecessor Firm means any legal entity that was engaged in the practice of law, and to whose financial assets and liabilities the Applicant or Named Insured identified in Section II., Question 1. above is the majority successor in interest (more than 50%).

Name(s) of Predecessor Firm(s)	Date(s) Established	Date(s) Terminated	Number of Lawyers	Percentage of Ownership Retained



HANOVER
Lawyers Advantage
 Small Firm (1-10 Attorneys) Application

IV. REQUESTED COVERAGE

Indicate below which limits and deductibles are being requested. Limits of Liability are Per Claim / Aggregate.
 Check more than one if requesting multiple options.

Professional Services Limits Of Liability (Each Claim / Aggregate) or **RENEWAL PER EXPIRING POLICY** ☐

- | | | |
|--|---|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$750,000 | <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> Other \$ / \$ |
| <input type="checkbox"/> \$300,000 / \$600,000 | <input checked="" type="checkbox"/> \$1,000,000 / \$1,000,000 | |

Professional Services Deductible (Each Claim) or **RENEWAL PER EXPIRING POLICY** ☐

- | | | | | | |
|----------------------------------|------------|---|------------|-----------------------------------|--------------------|
| <input type="checkbox"/> \$1,000 | Each Claim | <input checked="" type="checkbox"/> \$5,000 | Each Claim | <input type="checkbox"/> \$15,000 | Each Claim |
| <input type="checkbox"/> \$2,500 | Each Claim | <input type="checkbox"/> \$10,000 | Each Claim | <input type="checkbox"/> \$ | Each Claim (Other) |

V. CURRENT INSURANCE INFORMATION

Please provide the following information regarding the Applicant's most recent insurance.

HANOVER RENEWAL ☐
 (proceed to next Section)

1. Is your firm currently insured for professional liability? ☐ Yes ☐ No
2. Insurance History (beginning with most recent coverage)

	Carrier	Policy Period	Limits	Deductible	Premium	# of Attorneys	Retroactive Date(s)
Current Year							
Prior Year 1	Greenwich	8/4/17-8/4/18	multi	5,000	2,690	1	
Prior Year 2							
Prior Year 3							

3. If the Applicant or any member of the Applicant firm has elected an ERP, been non-renewed, cancelled or declined, please provide details _____?

(Question Not Applicable In Missouri)

VI. RISK MANAGEMENT

1. Do you share letterhead with any other lawyer or firm; or does your name appear on the letterhead of any other lawyer or firm? ☐ Yes ☒ No

If "Yes", please provide the letterhead(s).

2. How many suits for collection of delinquent fees have been filed by the firm in the past two years? # 0

If the answer to Question 2 is "0", please select NA for Questions 2.a. and 2.b.

If more than two (2), please provide amounts and corrective action taken: _____



HANOVER

Lawyers Advantage

Small Firm (1-10 Attorneys) Application

- a. When evaluating whether a case should be sent to collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response? ☐ Yes ☐ No ☒ NA
- b. When evaluating whether a case should be sent for collection, does the firm wait until the applicable statute of limitations on a potential malpractice action has run before filing suit? ☐ Yes ☐ No ☒ NA
3. Do any firm members have more than 5% ownership in one or more publicly traded companies or more than 15% ownership in one or more companies that are not publicly traded and which are firm clients?
If "Yes", please complete an Outside Interest Supplement. ☐ Yes ☒ No
4. Do any firm members serve as directors, officers, trustees, consultants, etc., for any firm clients?
If "Yes", please complete an Outside Interest Supplement. ☐ Yes ☒ No
5. Does the firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client and/or existing client? ☐ Yes ☒ No
6. Please indicate if your firm has the following Risk Management procedures in use for all (client) matters:

	In Use For All Matters		In Use For All Matters
a. Dual Docket Calendar Controls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Disengagement Letters	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Conflict of Interest	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	f. Engagement Letters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Client Communication Policies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	g. Non-Engagement Letters	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I do no litigation or transactions, just consultation.

Additional information on your Risk Management Procedures can be provided by separate attachment for consideration.

7. If you are a sole practitioner, please identify the lawyer who handles your cases in your absence. **Note: A Back-Up Lawyer is required for all solo firms. Select NA for multiple attorney firms.** ☐ NA

Back Up Lawyer: Lisa Landsman

Address, City, State: 7721 Tomlinson Ave Cabin John, MD 20748

Telephone Number: (301) 467-0727

8. List the firm's five largest clients to whom the firm provided legal services in the past twelve months:

Client Name*	Client's Industry	Services Performed	Percentage of Firm's Annual Billings	Largest Case Value
N/A	N/A	No cases, just consultations on a contingency basis, so no billings or case values.	N/A	N/A

*Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name field.



HANOVER
Lawyers Advantage
 Small Firm (1-10 Attorneys) Application

VII. LOSS INFORMATION

1. Within the past ten years, has any firm member been the subject of any of the following disciplinary actions or investigations/proceedings?

a. Currently pending investigations/proceedings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Reprimand or Censure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Suspension	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Imposition of a fine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Refusal of admission to the bar or any bar association, court or administrative agency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm?

	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

If "Yes" please attach details including number of suits, nature of complaint and name of claimants.

VIII. PRIOR KNOWLEDGE AND APPLICANT REPRESENTATION

The Applicant must answer the prior knowledge question below:

Is any **Insured** proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a **Claim** that would fall within the scope of the proposed coverage?

Yes ☐ No ☒

If "Yes", please attach a full description of the details.

This representation applies only to those coverage types for which no coverage is currently maintained and any higher limits of liability requested.

IMPORTANT: Without prejudice to any other rights and remedies of the **Insurer**, the Applicant understands and agrees that if any such fact, circumstance or situation exists, which is known to the **Insured** but not disclosed in response to the question above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the **Insurer**.

IX. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this **Application** does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the



HANOVER
Lawyers Advantage
 Small Firm (1-10 Attorneys) Application

representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us. No statement in the **Application**, fact pertaining to, or knowledge possessed by an **Insured Individual** shall be imputed to any other **Insured Individual**.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material there.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



HANOVER
Lawyers Advantage
 Small Firm (1-10 Attorneys) Application

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
2/4/2019	<i>Lawrence A. Went</i>	Owner/sole practitioner

Supporting Documentation: Please attach a copy of the following.

- ☐ All copies of letterhead on which the Applicant is listed. *N/A No letterhead*
- ☐ Supplemental Applications for areas of practice as required in Section II., if applicable.
- ☐ Copy of declarations page and endorsements for continuity of coverage as required in Section V., if applicable.
- ☐ Supplemental Application for Outside Interest as required in Section VI., if applicable.



HANOVER

Lawyers Advantage

Combined AOP Supplemental Application

Underwritten by The Hanover Insurance Company

I. INSTRUCTIONS

- Complete only the AOP Sections of this Application that apply. For all others select N/A.
- Use this Application for the following areas of practice ("AOP"): Creditors Rights (Bankruptcy and/or Collections), Estate Trust, Plaintiff Litigation and Real Estate
- Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

II. GENERAL INFORMATION

1. Name of Applicant: Lawrence West, Esq.

III. CREDITORS RIGHTS (BANKRUPTCY AND/OR COLLECTIONS) PRACTICE

2. Please provide the following information regarding lawyers providing legal services in the Bankruptcy & Collections area of practice in the past five years (use additional sheets if necessary): ☒ NA

Lawyer Name	Years of Collections Experience	Years of Bankruptcy Experience	Hours of CLE in this Area From Most Recent 12 Months	
			Collections	Bankruptcy

3. BANKRUPTCY

Have you or any of your attorneys ever represented debtors in bankruptcy proceeding where total debt exceeded \$10M?

If "Yes" please describe: _____

☒ NA ☐ Yes ☐ No

4. COLLECTIONS

Please advise if any of the following apply with regard to your Collections practice:

- a. Do you provide any services to purchasers of debt or debt consolidators? ☐ Yes ☐ No
- b. Do you have written procedures to verify compliance with the FDCPA and all amendments? ☐ Yes ☐ No
- c. Do you have written procedures to verify the validity of an alleged debt? ☐ Yes ☐ No
- d. Do you accept collection cases in states outside of your office location(s)? ☐ Yes ☐ No
- e. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all state and federal statutes? ☐ Yes ☐ No
- f. Do you use a formal script that is fully compliant with all state and federal collection laws when contacting debtors by phone? ☐ Yes ☐ No
- g. Please estimate the total number of collection matters handled by the firm in the last 12 months: _____
- h. Please estimate the average debt amount of an individual collection account handled by the firm in the last 12 months: \$ _____



HANOVER
Lawyers Advantage
 Combined AOP Supplemental Application

- i. Do you permit outside collection firms to use their name or the name of any of their attorneys in collection activities? ☐ Yes ☐ No
- j. Do you or any of your attorneys have any kind of ownership interest in an outside collection agency? ☐ Yes ☐ No
- k. Within the past five years, have you or any of your attorneys executed any hold harmless or indemnity agreement in favor of any collection clients regarding their own violation or alleged violation of collection laws? ☐ Yes ☐ No

IV. ESTATE TRUST PRACTICE

1. How many lawyers at the firm perform Estate Trust work? _____ or ☒ NA
2. Do you allow involved lawyers to accept gifts or bequests from Estates and Trusts clients? ☐ Yes ☐ No
3. Do services for your Estates and Trusts clients include investment decisions resulting in the purchase or sale of Securities and/or Other Investments? *If "Yes" please explain:* _____ ☐ Yes ☐ No
4. Is any member of the firm a Financial Advisor or Registered Representative? ☐ Yes ☐ No
5. Do you receive any kind of compensation from the purchase or sale of investment to or on behalf of any Estate or Trust? ☐ Yes ☐ No
6. How often do you require an independent audit or reconciliation of active Estates or Trusts? *If "Never" please explain:* _____ ☐ Quarterly
☐ Annually
☐ Never
7. Please complete the following chart estimating the percentage of your Estates and Trusts work according to your client's total asset size:

Clients Total Assets	Estimated Percentage of Estates and Trusts Work
Between \$1,000,000 and \$5,000,000	%
Between \$5,000,000 and \$10,000,000	%
More than \$10,000,000*	%

*Please provide the value(s) of all work greater than \$10,000,000 _____

V. PLAINTIFF LITIGATION PRACTICE

1. How many lawyers at the firm perform Plaintiff Litigation work? _____ or ☒ NA
2. Total number of Plaintiff Personal Injury cases during the past twelve months: _____
3. Percentage of cases settled before trial: _____ %
4. Does the firm use written referral agreements 100% of the time when cases are referred in or out of the firm? *If "No" what documentation is used?:* _____ ☐ Yes ☐ No



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Combined AOP Supplemental Application

5. Types of cases:

Category	Percentage of Cases in Each Category	Average Value per Case	Highest Value of Case in Past Five Years	Years of Experience	Number of CLE Hours in the Last Year
Asbestos	0 %	\$	\$		
Automobile Liability	0 %	\$	\$		
Aviation	0 %	\$	\$		
Class Action / Mass Tort	0 %	\$	\$		
Legal Malpractice	0 %	\$	\$		
Medical Malpractice	0 %	\$	\$		
Non-Medical Professional Malpractice	0 %	\$	\$		
Personal Injury / BI / PD	0 %	\$	\$		
Pharmaceutical or Medical Device	0 %	\$	\$		
Product Liability	0 %	\$	\$		
Slip and Fall	0 %	\$	\$		
Tobacco	0 %	\$	\$		
Toxic Tort	0 %	\$	\$		
Workers Compensation	0 %	\$	\$		
Wrongful Death	0 %	\$	\$		
Other:	0 %	\$	\$		

0

VI. REAL ESTATE PRACTICE

1. How many lawyers at the firm perform Real Estate work? _____ or ☒ NA
2. What percentage of the firm's Real Estate practice comes from each of the areas? (Must total 100%)

Real Estate Practice Areas	Current Year	Previous Year
a. Residential Title searches, rendering of title opinions and other title work		
b. Commercial Title searches, rendering of title opinions and other title work		
c. Residential Closings – representation of borrowers		
d. Residential Closings – representation of lenders		
e. Residential Closings – representation of sellers		
f. Commercial Closings – representation of borrowers		
g. Commercial Closings – representation of lenders		
h. Commercial Closings – representation of sellers		
i. Residential Land Use, Zoning		
j. Commercial Land Use, Zoning		
k. Eminent Domain		
l. Landlord / Tenant		
m. Construction Work and Mechanics' Liens		
n. Condominiums, Cooperatives, and Town Houses (including conversion)		
o. Foreclosure Work		
p. Other (please describe): _____		
q. Speculative Real Estate		

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Combined AOP Supplemental Application

3. During the past twelve months, what percentage of transactions did the firm handle that can be classified as Residential Real Estate and/or Commercial Real Estate and what was the average size/value of the transactions or properties:
- a. Residential Real Estate: _____ % \$ _____
- b. Commercial Real Estate: _____ % \$ _____
4. How many of the commercial real estate transactions the firm performed are characterized as relating to syndications, limited partnerships or real estate trusts? _____
5. With regard to the firm's real estate clients, does the firm or any member of the firm:
- a. Have a business relationship with the client other than the rendering of legal services? ☐ Yes ☐ No
- b. Accept a percentage of the dollar value of a transaction in lieu of legal fees? ☐ Yes ☐ No
- If "Yes", to any of the questions above please explain:*
- _____
- _____

IV. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Supplemental Application and the policy inception date, which would render the Supplemental Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

V. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Supplemental Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Supplemental Application for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this Supplemental Application.

The undersigned, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Supplemental Application and in any attachments or other documents submitted with the Supplemental Application are true and complete.

The undersigned agree that the information provided in this Supplemental Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the Supplemental Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Supplemental Application shall be maintained on file (either electronically or paper) with us. No statement in the Supplemental Application, fact pertaining to, or knowledge possessed by an **Insured Individual** shall be imputed to any other **Insured Individual**.

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a



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 Combined AOP Supplemental Application

false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material there.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against



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an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

2/4/2019

Lawrence A West

Owner/sole practitioner

Agent's Signature: _____